

## ARKANSAS INSURANCE DEPARTMENT

Alan McClain Insurance Commissioner

## <u>DEPOSIT AGREEMENT</u> <u>FOR</u> <u>LIFE AND/OR ACCIDENT & HEALTH INSURANCE</u>

Pursuant to the provisions of A requirements of Ark. Code An thereto, the	n. Section	23-63-			
of	desires to qualify itself or continue to transact life and/or				
accident & health insurance in Commissioner of Arkansas an					_
<u>Description</u>	Rate	<u>Due D</u>	<u>ate</u>	<u>Par Value</u>	Cusip Number(s
This deposit permits the Comp	oany to trai	nsact bi	usiness in	accordance wit	h the lines as defined in th
CERTIFICATE OF AUTHOR					
It is agreed between the parties conditioned for payment of po payment of all claims arising a any outstanding liabilities in A made.	licyholders and accruir	s and cang to an	reditors o ny person	f the insurer in t in this State for	his State, and the prompt so long as the Company h
WITNESS our hands and seal	this	day	v of		
			COMPA	NY NAME	NAIC#
		By:			
			SIGNAT	TURE AND TITL	E
			PRINTE	D SIGNATURE	AND TITLE
		Attest:			
			SIGNAT	TURE AND TITL	E
INSURANCE COMMISSIONER	₹				
DATE					
AID FI SEC/ L/A&H-1 (4-20)					